

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 13 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Franklin

Registration District No. 295

Township Meramec

Primary Registration District No. 4179

City Sullivan (No. _____)

File No. 24024

Registered No. _____

St. _____ Ward _____

2. FULL NAME Fred Charles Baker

(a) Residence, No. Sullivan St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1920

7. AGE YEARS 14 MONTHS 5 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.

13. NAME Edward Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.

15. MAIDEN NAME Margaret Baker Whitman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.

17. INFORMANT Margaret Baker (ADDRESS) Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo, Mo. DATE July 22, 1934

19. UNDERTAKER R. Williams (ADDRESS) Sullivan, Mo.

20. FILED 7-21-34 Registrar R. C. Kitchell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934

22. I HEREBY CERTIFY That I attended deceased from July 20, 1934 to July 20, 1934

I last saw him alive on July 20, 1934. Death is said to have occurred on the date stated above, at SEA m.

The principal cause of death and related causes of importance were as follows:

Convulsions July 20
186 ft
171 ft
85

Other contributory causes of importance: Epilepsy 1923
after fall - head injury

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

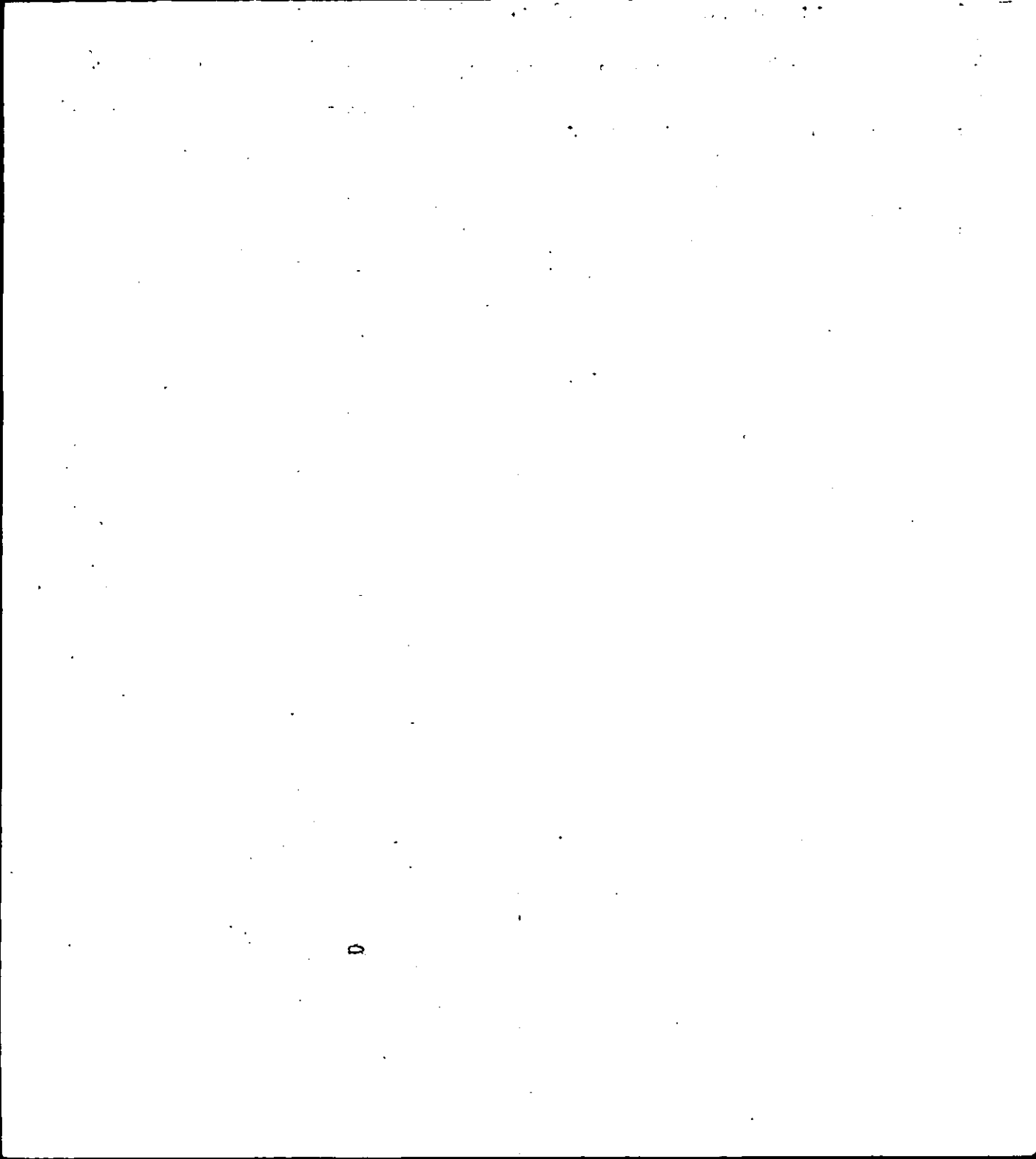
23. If death was due to external causes (violence), fill in also the following:
Agent, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) R. C. Kitchell M. D.
(Address) Sullivan, Mo.



WASHINGTON

24024

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Fred Charles Baker
 Who died at _____ on July 20 1934
 Residence: No. _____ St. _____
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
 Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 14 Months 5 Days 19

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Convulsions
 Date deceased last worked at this occupation: Month _____ Year _____
 Birthplace (State or country) Epilepsy - after fall
 Birthplace of father (State or country) head injury
 Birthplace of mother (State or country) _____
 Principal cause of death: _____

Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____
 (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

in home, age 14 9 months
 Manner of injury fell down several steps. No epilepsy before fall
 Nature of injury head injury
 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 Name of physician R. C. Mitchell
 Address of physician Wellington 200
 Signature of Registrar E. T. McGaugh Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 295

Primary Reg. Dist. No. 4179

E. T. McGaugh
 State Registrar
 Special Agent.

24024

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